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# Editorials

## Social Issues as Public Health: Promise and Peril

Beaglehole and Bonita describe public health as being at a crossroads that leads in 2 directions: a broad direction, addressing the sociocultural foundations of health, and a narrow direction, focusing on more proximal risk factors.<sup>1</sup> The broad direction has been vigorously advocated by many public health professionals, with varied and convincing justifications (e.g., Pearce<sup>2</sup> and Kreiger<sup>3</sup>). This view uses expansive definitions of both health—the outcome of interest—and its causes. Health is often defined as “general well-being,”<sup>4</sup> and its causes include social ills rooted in distal social structures. The broad perspective in public health is gaining momentum. For example, the US government’s *Healthy People 2010*,<sup>5</sup> a document outlining health goals for the next decade, focuses on the reduction of health disparities, reflecting a growing interest in distal causes.

Several factors motivate advocates of this broad perspective in public health. First is the realization that public health cannot be separated from its larger socioeconomic context. Some public health researchers (e.g., Link and Phelan,<sup>6</sup> Evans et al.,<sup>7</sup> Wing<sup>8</sup>) have argued that it is only by addressing upstream causes that public health work can be effective. Second, public health academics are frustrated when they witness egregious social ills—poverty, discrimination and inequality, homelessness, violence, and war—that their work does not address. There has been a growing sentiment that public health professionals cannot sit by as such social ills continue to take a toll on the public’s welfare.<sup>9</sup>

Addressing upstream causes is essential in confronting public health issues. Indeed, this perspective has historically been the hallmark of public health interventions. Compared with the narrow perspective of public health, the broad perspective has intellectual merit because it identifies fundamental causes of many public health problems, providing more com-

plete and parsimonious explanatory models. It has practical merit because it helps identify the loci for potent public health interventions. In addition, the focus on health disparities provides a powerful rhetoric for addressing and eliminating social and economic injustices.

Along with the promise of this approach, however, is considerable peril that deserves discussion. We are concerned that the study of social and economic factors in public health may have unintended consequences that, paradoxically, serve to preserve disparities rather than eliminate them.<sup>10</sup> This can occur because public health research transports social issues into the health domain, where they are examined through the narrow prism of health relevance instead of within their political, social, and economic contexts. We refer to this as the “public healthification” of social problems, akin to the “medicalization”<sup>11</sup> and “healthism”<sup>12</sup> that have occurred with the advance of biomedicine in the last century.

Our critique addresses traditional public health research with epidemiology as its dominant field.<sup>13</sup> It does not address public health activism that advocates social change with health as one, but not the only, outcome of interest.<sup>8</sup> Our goal is to open a dialog among proponents of the broad direction of public health research. We seek not a retreat to a narrow, proximal perspective of public health, but a consideration of conceptual and methodological innovations that are needed to achieve the aims of the broader view of public health.

## *Social Issues as Public Health Problems*

As social problems are refracted through the public health prism, their scope is narrowed. This narrowing is due to the mismatch between the theories, methods, and values of public

health research and the broader political and socioeconomic factors that characterize social problems. We discuss 3 perils posed by the broad approach to public health: a focus on the individual, the institutionalization of research paradigms and findings, and the valuation of social problems by their health consequences. We illustrate this process with the recent history of public health research on homelessness.

### *Focus on the Individual*

With the increase in the number of homeless people in the United States in the 1980s, the increased visibility of homeless people, and the broadening of the populations affected, public health researchers began to study this problem. Public health's interest in homelessness was motivated by several concerns. Clearly, homeless people presented many challenges to health care professionals. Their health problems included increased risk for diseases such as tuberculosis, which quickly spread in crowded homeless shelters. Homeless people were burdened by many health-related hardships, including, obviously, lack of or inappropriate access to health care services and preventive interventions. However, public health researchers did not restrict themselves to these health issues for long. Rather, they shifted their attention to the etiology of homelessness.

There has been a gradual increase in the number of articles on homelessness published over the past 2 decades, and a shift in focus from health problems among homeless individuals to risk factors for homelessness itself. This is illustrated by the pattern of research papers on homelessness published in the *Journal*. A Medline search for "homeless" and "homelessness" as subject words yielded 67 articles published in the *Journal* between 1966 and 1998. The proportion of articles that focused on health problems of homeless people decreased from 77% (10 of 13) between 1984 and 1988 to 41% (13 of 32) between 1994 and 1998. In contrast, the proportion of articles that focused on risk factors for homelessness increased from 15% (2 of 13) to 44% (14 of 32) during these periods.

The shift to the study of the etiology of homelessness was motivated, in part, by humanitarian concerns. "The persisting spectacle of homeless people on American streets is a continuing indictment of our collective failure to make the basic ingredients of civilized society accessible to all citizens," wrote Breakey in a *Journal* editorial.<sup>9(p154)</sup> Recognizing that this study is outside the scope of public health expertise, Breakey justified examining causes of homelessness as a public health concern: "[P]ublic health professionals have ventured into areas that seemed far from their areas of expertise. . . . Why should they not be

involved in other issues [such as homelessness] that have an important bearing on health? Why do we not debate or investigate methods for providing low-cost housing, the structuring of housing subsidies, or policies and procedures for evictions—as health issues?"<sup>9(p155)</sup>

In practice, despite the conceptual understanding of the role of structural causes of homelessness, homelessness has been studied as if it were a disease, an outcome defined as residing in the individual. The tools used in public health research for examining individual variation in disease led to the identification of individual rather than structural factors in the etiology of homelessness.<sup>14</sup> Research highlighted individual characteristics as risk factors for homelessness, including sociodemographic characteristics (e.g., age, gender, ethnicity), psychiatric and substance use disorders (e.g., schizophrenia, alcoholism), and disruptive family and childhood experiences (e.g., foster care and group home placements) (see, for example, the review by Susser et al.<sup>15</sup>). The structural factors often asserted to be distal causes of homelessness, and cited by Breakey as the impetus for broadening the scope of public health research,<sup>9</sup> were left largely unexamined. Thus, the promise held in examining upstream causes of health problems was broken. Instead of addressing fundamental social causes, public health researchers highlighted individual characteristics that serve to obscure rather than illuminate the social and economic causes of homelessness.

### *Institutionalization of Research Paradigms and Findings*

Another peril of studying social problems in public health is that they become institutionalized as public health problems. Once a social problem is established as a health problem, a research paradigm develops, following a scientific method (e.g., the epidemiologic study of risk factors for homelessness). Soon a large body of literature is created, with its language, common assumptions, methods, and sets of legitimate constructs.<sup>16</sup> Thus, a linguistic category "the homeless" was constructed, and "facts" about risk factors for homelessness became widely accepted. In the process, the research question and its method of investigation were validated and institutionalized. This body of literature created the need for further research (recommended by most articles on the topic) and elicited governmental resources in the form of research grants and contracts. This scientific discourse established homelessness as a public health research question. Solutions are now sought from within this discourse.

But, as described above, public health research findings pointed to individual-level solutions. Such solutions are palatable to, and indeed supportive of, the social structures and

forces that many agree produced the problem in the first place. Even as governmental policies that reduced availability of housing for the poor have been claimed to be the culprit, public health has produced a body of knowledge that, by documenting individual responsibility for homelessness, may be used to absolve the government of its responsibility.<sup>17</sup> Thus, in establishing homelessness as a public health problem, public health researchers may have unintentionally reduced the possibility of remedying the problem by addressing the core structural factors—those that lie within the larger public-policy and socioeconomic domains. The peril is that remedies may be sought within a public health framework, from a narrow clinical or even biomedical perspective. Such clinical interventions may help subgroups among the homeless but not reduce the magnitude of the problem.<sup>18,19</sup>

### *Valuation of Social Problems by their Health Consequences*

Perhaps the most serious peril in the transportation of social problems into the public health arena is that health outcomes become the evidence for and definition of the wrongfulness of social problems. In this way, research results are used as a moral battleground. Public healthification implies that homelessness is problematic because it is a health-related problem. But would homelessness divorced from its health impact be any less troubling? In a wealthy country, the sight of people living in subways and in shelters is evidence of a wrong that needs no further justification for action. Similarly, should an argument against inequality be dependent on research findings that document the negative health outcomes of inequality? Is discrimination any less unjust if it does not lead to adverse health outcomes? We think this is a perilous stance.

## *Conclusions*

We have used homelessness as an example of the potential unintended consequences of examining social problems through a health prism. But our concerns are not limited to homelessness. A public health focus on violence, war, discrimination, or inequality carries the same risks. In each case, public healthification may inadvertently lead to a focus on the individual, institutionalization of the problem as a public health research problem, and valuation of the social and moral import of the problem solely by its health consequences.

In raising the perils of public health research on social problems, we do not advocate a retreat to a narrow perspective, as some (e.g., Rothman et al.<sup>20</sup>) have suggested. We recognize that in striving to fulfill the promise of the

broad perspective, public health researchers face serious challenges. But as McMichael said, in the face of these challenges, "professional faint-heartedness is inappropriate."<sup>21(p1627)</sup> Public health should develop capacities to deal in meaningful ways with social problems that warrant research.<sup>21</sup> We can create new conceptual frameworks that will enable us to incorporate causes and effects that are not characteristics of individuals and to expand the discussion of social problems beyond their health relevance. To achieve this goal, we may need to collaborate with researchers from other disciplines, such as political science, sociology, and economics.

However, we also need to recognize when public health research cannot contribute to the solution of social problems. In the case of many social problems, public health research questions as currently conceptualized are less complex than the social and political issues (conflicting interest groups, conflicting value systems, power relationships) that need to be resolved for interventions to be successfully applied. This occurred, for example, with prevention of lead poisoning, where public health recommendations for structural changes went unheeded because of opposing political interests,<sup>22</sup> and more recently when recommendations for HIV needle exchange programs were opposed by policymakers on moral and political grounds despite evidence of their efficacy.<sup>23</sup>

In other instances, public health research questions may address complex mechanisms—for example, linkages between socioeconomic status and health—but viable solutions to the social problems are not dependent on answering these questions. In the case of homelessness, clear remedies are available—building low-income housing, increasing subsidized housing, providing housing vouchers—but are not undertaken.<sup>17</sup> Vladeck articulated these concerns:

It is always troubling . . . to enter into a discussion of homelessness from the perspective of a consideration of health care issues or health care policy . . . health care is rarely the predominant need of homeless persons, nor are health problems generally their worst problems. . . . Perhaps more importantly, . . . information and analyses are appropriate and necessary, but they are no substitute for outrage, and the latter may be a more appropriate response to the realities of the situation.<sup>17(pp306–307)</sup>

That some social problems should not be studied within public health does not mean that we should live with frustration and not address those problems. In addition to developing the capacity of public health research to address social problems and collaborating in interdisciplinary research, we may act as concerned citizens. As citizens we have many avenues for protest and influence that are augmented by our professional stature but that go beyond our professional expertise. We can use these forms of action to bring about changes in unjust social conditions. □

*Ilan H. Meyer, PhD  
Sharon Schwartz, PhD*

Ilan H. Meyer is with the Division of Sociomedical Sciences and Sharon Schwartz is with the Division of Epidemiology, Joseph L. Mailman School of Public Health, Columbia University, New York, NY.

Requests for reprints should be sent to Ilan Meyer, PhD, Division of Sociomedical Sciences, Joseph L. Mailman School of Public Health, Columbia University, New York, NY 10032 (e-mail: im15@columbia.edu).

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